

Emerging Practices to Combat Coronavirus Disease (COVID-19): Visitation

COVID-19 Clinical Knowledge Transfer from Vizient members and industry resources
Updated: May 28, 2020

Vizient is committed to ongoing research of Vizient members’ emerging practices and other related updates to federal and regulatory guidelines in support of efforts to combat the COVID-19 pandemic. The purpose of this document is to assist our members with critical information to supplement this work. As new information surfaces, updates will be provided.

Contents

Practice trends.....	2
COVID-19 key strategies roadmap.....	3
Regulatory updates.....	3
Visitation restrictions.....	3
Clearly communicate with patients and families.....	5
Limit entry points.....	6
Screening.....	6
Patient and Family Centered Care guidance	6
Additional resources	7
Additional emerging practices	7

DISCLAIMER: VIZIENT IS COMPILING INFORMATION AND EMERGING PRACTICES FROM MEMBERS TO AID IN KNOWLEDGE TRANSFER DURING THE COVID-19 RESPONSE. DECISIONS REGARDING WHETHER AND HOW TO UTILIZE ANY OF THESE PRACTICES SHOULD BE MADE BY HEALTH CARE PROVIDERS, AT THEIR OWN RISK, WITH CONSIDERATION OF INDIVIDUAL CIRCUMSTANCES. AS INFORMATION IS CHANGING RAPIDLY, VIZIENT ENCOURAGES YOU TO ALWAYS REFER TO THE CDC, YOUR STATE’S DEPARTMENT OF HEALTH, AND YOUR LOCAL PUBLIC HEALTH AUTHORITY FOR GUIDANCE. VIZIENT DOES NOT PROVIDE LEGAL, REGULATORY, OR MEDICAL ADVICE AND DISCLAIMS LIABILITY OR RESPONSIBILITY FOR THE ACCURACY, COMPLETENESS, AND/OR CLINICAL EFFICACY AND SAFETY FOR THE PRODUCTS OR PROCESSES CONTAINED HEREIN. MEMBERS SHOULD SEEK THEIR LEGAL COUNSEL’S ADVICE ON LOCAL, STATE, AND FEDERAL LEGAL/REGULATORY MATTERS. THE LINKS TO INFORMATION REFERENCED IN THIS DOCUMENT ARE THE PRODUCTS OF THE NAMED ORGANIZATIONS AND THEY ARE SOLELY RESPONSIBLE FOR THEIR CONTENT. FOR THE MOST UP-TO-DATE INFORMATION, PLEASE VISIT VIZIENT’S [DISASTER PREPAREDNESS PAGE](#). TO SUBMIT PRACTICES YOUR ORGANIZATION IS USING TO PREPARE FOR COVID-19, PLEASE EMAIL DISASTERRESPONSE@VIZIENTINC.COM.

Practice trends

Vizient's [dynamic dashboard](#) shows that nearly all Vizient members have severely restricted in-person visitation. As we learn to live and work in the “new normal” with the coronavirus, healthcare organizations are reviewing their visitation policies and are contemplating moving from “restricted” visitation to “limited” visitation. [UC Davis](#) in Sacramento, Ca. has moved to “limited” visitation as follows:

“All patients may have one visitor who must remain in the room with the patient while visiting. Visitors must have no signs of illness and not have a recently confirmed case of COVID-19. Visitors are allowed between 10 a.m. and 9 p.m., under the following guidelines:

- Patients undergoing surgery or procedures may have one visitor.
- Labor and Delivery patients may have one partner and one birth support person.
- Neonatal Intensive Care Unit (NICU) patients may have one birth parent plus one significant other who must remain in the room for the duration of the visit.
- Pediatric patients may have one loved one who is either a parent or a guardian.
- Patients who are at the end-of-life may have two loved ones visit at one time.
- Patients who have an appointment at a UC Davis hospital-based clinic, laboratory, or radiology, may have one loved one with them.
- In the Emergency Department, patients who are being evaluated may have one loved one with them if they are 18 years or older; patients under the age of 18 may have two legal guardians at the bedside.
- Children under the age of 16 are not allowed at this time.”

COVID-19 key strategies roadmap

COVID – 19 Stage	Visitation key strategies
Prepare	<ul style="list-style-type: none"> • Revise visitation/family presence policy to prevent transmission • Use patient and family centered care principles and engage patient and family advisors/partners to co-develop necessary changes
Respond	<ul style="list-style-type: none"> • Communicate changes to visitation policy clearly • Limit entry into facility • Screen all staff, visitors and vendors
Recover	<ul style="list-style-type: none"> • Revise visitation/family presence policy for the new normal (example from UC Davis)

Regulatory updates

On April 19, **CMS announced new requirements for Nursing Homes regarding communication to its residents and their representatives** to keep them informed of the conditions inside the facility. The new requirements specify,

“...at a minimum, once these requirements are in place, nursing homes must inform residents and their representatives within 12 hours of the occurrence of a single confirmed infection of COVID-19, or three or more residents or staff with new-onset of respiratory symptoms that occur within 72 hours. Also, updates to residents and their representatives must be provided weekly, or each subsequent time a confirmed infection of COVID-19 is identified and/or whenever three or more residents or staff with new onset of respiratory symptoms occurs within 72 hours. Facilities will include information on mitigating actions implemented to prevent or reduce the risk of transmission, including if normal operations in the nursing home will be altered.”

Added 4/23/2020

Waiving penalties for HIPAA violations

CMS noted the Health and Human Services Office for Civil Rights is exercising enforcement discretion and waiving penalties for HIPAA violations against health care providers that serve patients in good faith through everyday communications technologies (e.g., FaceTime, Skype) for the public health emergency. **The Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency** (interim final rule with comment period) was published on April 6, 2020. However, CMS clarifies the new flexibilities are applicable retroactively, beginning on March 1, 2020.

Added 4/9/2020

Visitation restrictions

Moving from “restricted” visitation to “limited” visitation

As we learn to live and work in the “new normal” with the coronavirus, healthcare organizations are reviewing their visitation policies and are contemplating moving from “restricted” visitation to “limited” visitation. **UC Davis** in Sacramento, Ca. has moved to “limited” visitation as follows:

“All patients may have one visitor who must remain in the room with the patient while visiting. Visitors must have no signs of illness and not have a recently confirmed case of COVID-19. Visitors are allowed between 10 a.m. and 9 p.m., under the following guidelines:

- Patients undergoing surgery or procedures may have one visitor.
- Labor and Delivery patients may have one partner and one birth support person.
- Neonatal Intensive Care Unit (NICU) patients may have one birth parent plus one significant other who must remain in the room for the duration of the visit.
- Pediatric patients may have one loved one who is either a parent or a guardian.
- Patients who are at the end-of-life may have two loved ones visit at one time.
- Patients who have an appointment at a UC Davis hospital-based clinic, laboratory, or radiology, may have one loved one with them.
- In the Emergency Department, patients who are being evaluated may have one loved one with them if they are 18 years or older; patients under the age of 18 may have two legal guardians at the bedside.
- Children under the age of 16 are not allowed at this time.”

Added 5/14/2020

Additional guidance from CMS

CMS expanded recommendations on infection control to help prevent the spread of COVID-19 in all care settings. The updates related to visitation include:

- Special consideration should be given to patients with psychiatric or cognitive disabilities who are being discharged to home to ensure they are able to adhere to the COVID-19 discharge recommendations and fully comprehend the significance of the precautions or if they have a family member or significant other involved to assist with these restrictions.
- Facilities must ensure patients have adequate and lawful access to chaplains or clergy in conformance with the Religious Freedom Restoration Act and Religious Land Use and Institutionalized Persons Act.
- Facilities can implement measures to:
 - Increase communication with families (phone, social media, etc.).
 - Potentially offer a hotline with a recording that is updated at set times so families can stay current on the facility’s general status.
 - If appropriate, consider offering telephonic screening of recent travel and wellness prior to coming in for scheduled appointments. This may help limit the amount of visitor movement throughout the organization and congestion at entry points.

Added 4/16/2020

Acute and ambulatory facilities

Restrict visitation policies to persons accompanying minors or patients in end-of-life situations. To reduce facility-based transmission, no visitors should be allowed in rooms of Persons Under Investigation (PUIs) or COVID-19 positive patients.

The following visitors should not be allowed:

- Persons with a fever or other cold/flu-like symptoms.
- Minors under the age of 16.

- People over the age of 70 who have chronic conditions and may meet one of the exceptions below are strongly encouraged not to visit.

Common exceptions include*:

- Emergency department patients— one visitor (at least until stable).
- Surgery patients—one visitor (at least until stable).
- Obstetric patients—one partner or one birth support person.
- Nursery and Neonatal Intensive Care Unit (NICU) patients—birth parent or support person.
- Patients who are at the end-of-life—up to two visitors.
- Patients with disruptive behavior, altered mental status or developmental delays—one family member or support person who is key to their care and safety.
- Minors under the age of 18—one parent or support.

*Visitor should remain the same for the course of admission; no rotating in/out.

Updated 4/2/2020

Long-term care

Long-term care facilities should apply more restrictive policies regarding visitation. The [CDC Guidelines for Long-term Care Facilities, Nursing Homes](#) are as follows:

- Restrict all visitation except for certain compassionate care situations, such as end-of-life situations.
- Restrict all volunteers, including non-essential healthcare personnel (e.g., barbers).
- Cancel all group activities and communal dining.
- Implement active screening of residents and healthcare personnel for fever and respiratory symptoms.

Added 3/23/2020

Clearly communicate with patients and families

Critically ill patients have been hospitalized and isolated from their families and loved ones during the COVID-19 pandemic. In many hospitals, the palliative care team has been charged with maintaining communication between the critical care team and their patients' families. The [University of Wisconsin created a toolkit](#) to help palliative care and other clinicians navigate conversations with and support families who are absent from the patient's bedside. The toolkit may be most beneficial for patients with COVID-19 in the ICU or with signs of impending need for the ICU.

Added 4/23/2020

Because of strict visitation policies, health care organizations need to find ways to connect patients with their loved ones. [Johns Hopkins Medicine](#) and [Michigan Medicine](#) list instructions on how to use common technology (text, video chats, etc.) and links patients to their portal and other care management tools.

Updated 4/23/2020

[Re-Thinking Word Choice during this Pandemic](#) provides some suggestions of language choices that reflect the realities of what we are living through while continuing to provide assurance, compassion and comfort.

Added 4/9/2020

Communicate restricted visitation policy clearly, using plain, patient/family-centered* language on facility website main page.

- Provide phone number for more information.
- Use live chat features available on web sites.
- Communicate updated visitor policy to community members via public service announcements, social media, email, newsletters, etc.
- Place signage outside of all facility entrances.

*In keeping with patient/family-centered care principles, explain that although patient care depends greatly on engaging families to be part of the healing process, “routine” visitation must be suspended until the transmission of COVID-19 is no longer a threat. Use your Patient and Family Advisory Councils (PFACs) to help craft your message.

Added 3/23/2020

Limit entry points

Reduce access into facilities.

- Limit entryways into facility so visitors, staff, and vendors with deliveries can be screened.
- Suspend the use of community and conference spaces by the public.

Added 3/23/2020

Screening

Screen all visitors, staff and vendors before entrance. Ask screening questions such as:

- Have you had a fever, shortness of breath, sore throat, runny nose, or a new cough in the last 14 days?
- Have you been in close proximity to someone who is currently sick with COVID-19 or any other respiratory illness within the past 14 days?
- Have you traveled internationally or to any U.S. cities with high levels of ongoing transmission of COVID-19 (mainland China, South Korea, Iran, Italy, New York City, Seattle, etc.) in the last 14 days?
- Conduct temperature checks where possible.

Added 3/23/2020

Patient and Family Centered Care guidance

[Planetree Perspectives: Family Presence and Visitation Guidelines during a Pandemic](#) includes the following goals:

- To responsibly maximize the therapeutic benefits of family presence while limiting the risk to patients, family caregivers and staff.

- To ensure restrictions to family presence are appropriate to the current situation, which is rapidly evolving and expected to continue changing over time.
- To minimize the unintended emotional trauma that could result from family separation during special circumstances, including hospitalization of a child, childbirth and end-of-life situations.

Added 4/2/2020

Guidance from the [Institute for Patient and Family Centered Care](#) encourages the use of patient and family advisors (PFAs) as essential partners in ensuring credible, understandable information is communicated to patients, families and communities. Coordinators of patient and family centered care programs along with their medical and staff liaisons are in a critical position to collaborate with PFAs who can help innovate and facilitate information sharing to improve quality and safety during this time of uncertainty.

Added 4/6/2020

[The Beryl Institute COVID-19 resources](#) includes a weekly community briefing regarding COVID-19 related efforts where participants are encouraged to connect and reflect their experience.

Added 4/6/2020

Additional resources

Sample visitation policies from:

- [UW Medicine](#)
- [University of Kansas](#)
- [Ohio State Wexner Medical Center](#)
- [Ochsner Health](#)

Additional emerging practices

Access resource documents on other topics.

- [Emerging clinical practices and evidence](#)
- [Managing critical supplies](#)
- [Surge capacity](#)
- [Staff impact](#)
- [Testing](#)